

Statement of Organization - Candidate Committee

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500.

RECEIVED
JAN 23 2010

Amendment

☐ Yes

☒ No

1. Committee Information

a. Full Name

Crystal D. Smith for County Commissioner

c. ID Number

PDU114

b. Mailing Address (include City, State and Zip Code)

1360 Shady Valley Lane
Claremont, NC 28610

d. Date Organized

2-17-2010

e. Phone Number

828-464-7099

2. Candidate Information

a. Full Name

Crystal Dawn Smith

☐ Candidate's Primary Committee

c. Candidate ID Number

PDU114

d. Party Affiliation

Democrat

b. Mailing Address (include City, State, and Zip Code)

1360 Shady Valley Lane
Claremont, NC 28610

e. Office Sought

County Commissioner

f. Jurisdiction

Catawba County

(If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)

3. Treasurer Information

a. Full Name

Sonia Olivella

b. Mailing Address (include City, State, and Zip Code)

2983 St. James Church Road
Newton, NC 28658

c. Phone Number

828-302-9995

d. Email Address

S.olivella@yahoo.com

4. Custodian of Books Information

a. Full Name

Sonia Olivella

b. Mailing Address (include City, State, and Zip Code)

2983 St. James Church Road
Newton, NC 28658

c. Phone Number

828-302-9995

d. Email Address

S.olivella@yahoo.com

5. Assistant Treasurer Information

a. Full Name

☐ Add

☐ Remove

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

6. Account Information (incl. CRO-3500)

a. Financial Institution Full Name

Wachovia

☒ Add

☐ Remove

b. Purpose

Campaign - Receipts & Expenses

c. Account Code

A

d. Type

Checking

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

Sonia Olivella
Crystal D. Smith

Printed Name of Signer

Sonia Olivella

Signature of Appointed Treasurer

2-22-10

Date



North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

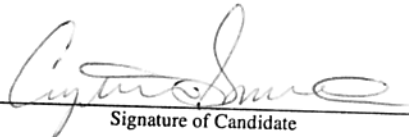
Candidate Name: Crystal D. Smith
Treasurer Name: Sonia Olivella
Treasurer Address: 2983 St. James Church Road
(include city, state, & zip) Newton, NC 28658

Treasurer Phone: 828-302-9995

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

02-22-2010
Date Signed


Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.



North Carolina
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Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the nine allowable methods outlined in 163-278.16B(a).

Candidate Name: Crystal D. Smith

Committee Name: Crystal D. Smith for County Commissioner

Treasurer Name: Sania Olivella

If Candidate is own treasurer, designate an agent to carry out designations: _____

Committee ID #: PDU 114

Level Registered: [State] (County) If county, specify: Catawba

I, Crystal D. Smith, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>ALFA - Hickory</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Crystal D. Smith

Date: 2-22-2010

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.